



STATE OF NEVADA OFFICE OF THE MILITARY
OFFICE OF THE ADJUTANT GENERAL
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JAMES A. GIBBONS
Governor

WILLIAM R. BURKS
Brigadier General
The Adjutant General

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NVMD-AG-Z

26 August 2010

MEMORANDUM FOR: All full-time AGR/ADOS and Technician Personnel in the Nevada National Guard (Not to include State or Contract Employees)

Subject: Nevada National Guard Physical Fitness Policy

1. This letter defines the policy for physical fitness activities during duty hours for the full-time workforce of the Nevada National Guard, not to include state or contract employees, and supersedes all previous policy letters regarding this subject. Furthermore, the Adjutant General may revise or revoke this policy at any time.
2. Supervisors are responsible for administering and monitoring the Physical Training (PT) program in accordance with this policy.
3. Full-time AGR/ADOS and technician personnel may participate in an approved physical fitness program during duty hours for a maximum of three hours per week, not to exceed one hour on a given day. These periods are not cumulative and do not carry over to subsequent days.
4. Authorized time for PT will be in accordance with the following schedule and subject to the following conditions:
 - a. Supervisors may authorize PT during normal duty hours only.
 - b. PT injuries sustained while engaging in activities are subject to coverage determination by either the Office of Workers Compensation Program (TECHNICIAN) or line of duty procedures (AGR/ADOS), as applicable.
 - c. All changing, showering, and other activity associated with PT must take place during the one hour authorized for PT.
 - d. PT time in excess of one hour of duty time will be charged to annual leave, compensatory time, or absence without leave, as appropriate.
 - e. Supervisors will ensure that mission essential activities remain operational during normal duty hours. Mission accomplishment will take precedence over program participation. Supervisors are authorized to temporarily suspend participation in the program if required by the mission or exceptionally heavy workloads. There will be no degradation of mission accomplishment or customer service due to the PT program.
 - f. Approved PT activities include walking, running, working out on fitness machines, weight lifting, and other aerobics or strength building activities. Contact sport activities are not authorized. The risk of incidental injury from competitive contact outweighs any health benefit which might be derived.

- g. Education and safety is a must for program participation. A physical fitness program has both positive and negative considerations, especially for those with sedentary work environments or life styles. Proper physical conditioning can promote good health and add years to one's life. Physical exertions undertaken too quickly, too vigorously, or without proper instruction can be damaging and actually increase the risk of health complications.
 - h. PT activities must begin and end at the workplace.
 - i. Units that desire to participate as a group may submit a request to the Army Chief of Staff, the Director of Staff Air, the Director of the Joint Staff, or the Air Commander as appropriate for approval.
 - j. Before engaging in a program, participants must submit a Physical Fitness Program Supervisor Authorization form (attached) to their supervisor for approval. Supervisors will locally maintain approved forms in their records. Those with health problems and those embarking on a new program after a period of inactivity should consult with their physician before engaging in strenuous activity.
 - k. Participants are strongly encouraged to seek professional medical guidance and clearance prior to engaging in any new physical fitness regimen. Participants are responsible for maintaining documentation of medical clearance in their private medical records. Costs, if any, must be borne by the employee.
5. The PT program is a privilege, and is under constant scrutiny by the Office of Personnel Management and the National Guard Bureau. In order to protect this privilege, we must insure our program does not adversely affect our mission either in reality or in perception. Therefore, abuse of the physical fitness program will result in individual or organizational revocation of the right to participate, individual disciplinary action, or complete elimination of the program.
6. I encourage all full-time personnel to take advantage of this program in order to enhance their physical and mental well being.
7. Questions regarding the physical fitness program can be directed to the Human Resources Office, Employee Benefits section at (775) 887-7382, (775) 887-7390, or (775) 884-8409.



WILLIAM R. BURKS
Brigadier General
The Adjutant General

**NEVADA NATIONAL GUARD
PHYSICAL FITNESS PROGRAM
SUPERVISOR AUTHORIZATION FORM**

1. I request authorization to participate in a physical fitness program as set forth in the Adjutant General's current physical fitness policy memorandum.
2. I understand that my personal physical fitness activities must take place within the hours prescribed by the Adjutant General's policy and must BEGIN and END at my work place.
3. I understand that my abuse of the physical fitness program may result in disciplinary action or revocation of my authorization to participate.
4. I understand that establishment and continuation of a physical fitness program does not constitute a condition of employment or a past practice.
5. I understand that physical fitness injuries sustained while engaging in activities are subject to coverage determination by either the Office of Workers Compensation Program (TECHNICIAN) or line of duty procedures (AGR/ADOS), as applicable.
6. My proposed physical fitness program will consist of the following:

Employee Signature

Date

Employee Printed Name

SUPERVISOR'S STATEMENT

1. I have reviewed the above request for compliance with The Adjutant General's policy, and hereby (APPROVE/DISAPPROVE) the request.
2. I understand that I am responsible for administering The Adjutant General's fitness policy.

Supervisor Signature

Date

Supervisor Printed Name

File: Employee Work Folder (Original)
Cc: Employee